CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Eduardo A. Macaya Alvaname  (2) 7035 W 15TH Ave  Address (number and street)  Hidelan F. 330/4  City, State, Zip Code  Check here if address has changed  (4) Check appropriate box(es):	OFFICE USE ONLY OCT10*19 3:58PM  (3) ID Number:					
Candidate Office Sought: COUNCI MAN COUNCI #3    Political Committee (PC)   Electioneering Communications Org. (ECO)   Check here if PC or ECO has disbanded   Party Executive Committee (PTY)   Check here if PTY has disbanded   Independent Expenditure (IE) (also covers an individual making electioneering communications)						
· · · ·	Identifiers					
Cover Period: From 69 / 61 / 2019 To	10 / 1/2019 Report Type:					
☐ Original ☐ Amendment ☐ Spe	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, 15. 60	Monetary Expenditures \$, 418.50					
Loans \$,,	Transfers to Office Account \$,,					
Total Monetary \$,	Total Monetary \$,					
In-Kind \$,,						
	(8) Other Distributions \$,,					
(9) TOTAL Monetary Contributions To Date \$,, 825.	(10) TOTAL Monetary Expenditures To Date \$,					
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, correct, and complete:						
(Type name) Eduardo A. Macaya (Type name) Eduardo (Type						
X Signature	X Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Eduardo A MARAYA ALVAREZ (2) I.D. Number									
(3) Cover Period 39 101 120/9 through 10 1 4 120/9 (4) Page 1 of 1									
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	1.	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
09/12/19	BEATRIZ L. BORON 600 NW 32 Place APT 108 MI AMI FL. 33125	T	RETIRED	CHE		٠.	15-20		
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES
(1) Name EQUAR OF H MACAYA ALVAREZ (2) I.D. Number \_\_\_\_\_\_ (3) Cover Period <u>09 / 01 /2019</u> through <u>10 / # /2019</u> (4) Page (8) (9)(10)(11)(5) Date Purpose **Full Name** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) **Amount** Amendment Number 09/20/19 Regions BANK 1794 W 67 IM PLACE SERVICE CAN CHARGE HIALEAH FL. 33014 MARGARITA ARMONA
09/24/19 1260 DREKEL AVE APT#5

MIAMI BEACH FL. NEWS PARPER CAN 33139 09/26/19 MULTICOLOR INC. 3816 W16 H AVE. CAN HiALEAh FL. 33012